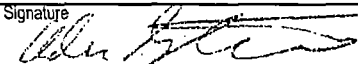
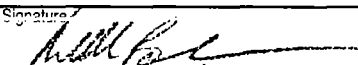


Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAD008342784	2. Page 1 of 1	3. Emergency Response Phone 818-241-2844	4. Manifest Tracking Number 001187782 FLE				
5. Generator's Name and Mailing Address AUTOMATION PLATING 927 THOMPSON AVE. GLENDALE, CA 91201					Generator's Site Address (if different than mailing address) 818-241-2844				
6. Transporter 1 Company Name INDUSTRIAL WASTE UTILIZATION INC.					U.S. EPA ID Number CAD980E85293				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address US ECOLOGY HWY 95 AT 11 Miles South of Beatty BEATTY, NV 89003					U.S. EPA ID Number NVT330010000				
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
1.		RQ, Hazardous waste, solid, n.c.s. (F006 filter cake)9 NA3077 III		2 BA		2	Y	181 F006	181
2.									
3.									
4.									
14. Special Handling Instructions and Additional Information (11a)-F006 filter cake w/cadmium/zinc/ -Approval #07-012-8936 2x cubic yrd BAGS									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offoror's Printed/Typed Name ADAM CAUTHIER				Signature 		Month Day Year 17 17 08			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name R. Russell Bachmann				Signature 		Month Day Year 17 17 08			
Transporter 2 Printed/Typed Name				Signature		Month Day Year			
18. Discrepancy									
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number: _____									
18b. Alternate Facility (or Generator) U.S. EPA ID Number									
Facility's Phone: _____									
18c. Signature of Alternate Facility (or Generator) Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. 2. 3. 4.									
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name				Signature		Month Day Year			